MEMORÍAL NURSING & REHABILITATION CENTER

135 SOUTH GIBSON STREET

MEDFORD Ownershi p: Non-Profit Corporation 54451 Phone: (715) 748-8133 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Yes Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 96 Yes Total Licensed Bed Capacity (12/31/01): 103 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 89 Average Daily Census: 86 ********************* **************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01) %				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	31. 5
Supp. Home Care-Personal Care	No				·	1 - 4 Years	48. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	2. 2	More Than 4 Years	20. 2
Day Servi ces	No	Mental Illness (Org./Psy)	25. 8	65 - 74	7. 9		
Respite Care	Yes	Mental Illness (Other)	6. 7	75 - 84	27.0	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	50. 6	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	12. 4	Full-Time Equivalent	t
Congregate Meals	No	Cancer	7. 9	İ	j	Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	2. 2		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	36. 0	65 & 0ver	97. 8		
Transportation	No	Cerebrovascul ar	6. 7			RNs	18. 0
Referral Service	No	Di abetes	9. 0	Sex	% j	LPNs	2. 8
Other Services	No	Respi ratory	3. 4		·	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	2. 2	Male	31. 5	Ai des, & Orderlies	27. 3
Mentally Ill	No	İ		Female	68. 5		
Provi de Day Programmi ng for			100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			ledicaid itle 19	=		0ther			Pri vate Pay)		Camily Care			lanaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	2	100.0	121	64	95. 5	121	2	100.0	121	18	100. 0	121	0	0.0	0	0	0.0	0	86	96. 6
Intermedi ate				3	4. 5	116	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	2	100.0		67	100.0		2	100.0		18	100.0		0	0.0		0	0.0		89	100. 0

County: Taylor MEMORIAL NURSING & REHABILITATION CENTER

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Admi ssi ons, Di scharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01	
Deaths During Reporting Period		

Deaths During Reporting Period							
		[% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	15. 4	Bathi ng	1 . 1		65. 2	33. 7	89
Other Nursing Homes	6. 7	Dressi ng	11. 2		59. 6	29. 2	89
Acute Care Hospitals	62. 5	Transferring	22. 5		64. 0	13. 5	89
Psych. HospMR/DD Facilities	0.0	Toilet Use	16. 9		58. 4	24. 7	89
Rehabilitation Hospitals	9.6	Eati ng	57. 3		30. 3	12. 4	89
Other Locations	5.8	*********	******	*****	******	*********	*****
Total Number of Admissions	104	Conti nence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	2. 2	Recei vi ng	Respiratory Care	9. 0
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	53. 9	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	21.6	Occ/Freq. Incontiner	nt of Bowel	33. 7	Recei vi ng	Suctioning	0. 0
Other Nursing Homes	5. 9	_			Recei vi ng	Ostomy Care	5. 6
Acute Care Hospitals	16. 7	Mobility			Recei vi ng	Tube Feeding	1. 1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3. 4	Recei vi ng	Mechanically Altered Diets	42. 7
Rehabilitation Hospitals	1.0						
Other Locations	8.8	Skin Care			Other Reside	ent Characteristics	
Deaths	46 . 1	With Pressure Sores		0.0	Have Advar	nce Directives	89. 9
Total Number of Discharges		With Rashes		9.0	Medi cati ons		
(Including Deaths)	102				Recei vi ng	Psychoactive Drugs	57. 3

	Thi s	0ther	Hospital-		Al l
	Facility	Based I	Facilities	Fac	cilties
	%	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	83. 2	88. 1	0. 94	84. 6	0. 98
Current Residents from In-County	87. 6	83. 9	1. 05	77. 0	1. 14
Admissions from In-County, Still Residing	23. 1	14. 8	1. 56	20. 8	1. 11
Admissions/Average Daily Census	120. 9	202. 6	0.60	128. 9	0. 94
Di scharges/Average Daily Census	118. 6	203. 2	0. 58	130. 0	0. 91
Discharges To Private Residence/Average Daily Census	25. 6	106. 2	0. 24	52. 8	0. 48
Residents Receiving Skilled Care	96. 6	92. 9	1. 04	85. 3	1. 13
Residents Aged 65 and Older	97. 8	91. 2	1. 07	87. 5	1. 12
Title 19 (Medicaid) Funded Residents	75. 3	66. 3	1. 14	68. 7	1. 10
Private Pay Funded Residents	20. 2	22. 9	0. 88	22. 0	0. 92
Developmentally Disabled Residents	0. 0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	32. 6	31. 3	1. 04	33. 8	0. 96
General Medical Service Residents	2. 2	20. 4	0. 11	19. 4	0. 12
Impaired ADL (Mean)*	50. 8	49. 9	1. 02	49. 3	1. 03
Psychological Problems	57. 3	53. 6	1. 07	51. 9	1. 10
Nursing Care Required (Mean)*	8. 4	7. 9	1. 06	7. 3	1. 15